

NEUROSEQUENTIAL MODELS OF THERAPY

The Neurosequential Model is a developmentally-informed, biologically-respectful approach to working with at-risk children. The Neurosequential Model is not a specific therapeutic technique or intervention; it is a way to organize the child's history and current functioning. The goal of this approach is to structure assessment of the child, the articulation of the primary problems, identification of key strengths and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child.



The Neurosequential Model of Therapeutics (NMT) integrates several core principles of neurodevelopment and traumatology into a comprehensive approach to the child, family and their broader community. The NMT process helps match the nature and timing of specific therapeutic techniques to the developmental stage of the child, and to the brain region and neural networks that are likely mediating the neuropsychiatric problems.

Over the last twenty years, the ChildTrauma Academy (CTA) has developed a neurodevelopmentally informed framework for working with traumatized and maltreated children (Perry, 2006). This framework is based on our growing understanding of complex issues facing children in today's modern world. Using a neurodevelopmental perspective has allowed us the opportunity to generate a common set of concepts and principles based in biology that has helped us better understand the etiology of many problems seen in children with disrupted development; these disruptions can be from any variety of developmental insults ranging from pre-natal drug or alcohol exposure to witnessing violence to intra-familial chaos to outright abuse and neglect. In addition, this perspective has helped us better understand how to intervene and begin to heal the problems we see in these at-risk, maltreated and traumatized children.

With regard to specific clinical work, the NMT approach has been used in CTA clinical work with maltreated and traumatized children for over a dozen years.



Dr. Perry and his staff have designed a process for creating brain maps of children who have experienced chronic or complex trauma. The maps can identify specific areas of the brain that have not been adequately nurtured and, in fact, may have been wounded. Once each segment of the brain map is coded, and those areas in need of somatosensory attention have been identified, the therapy involves systematically engaging each brain area with appropriate sensory activities, beginning with the areas deepest and lowest in the brain's hierarchy in order to promote healing and recovery. A team approach is used in which clinicians take a neurosequential trauma history to create a map for a child. Then in addition to clinical therapy, those who have relationships with the child will partner in providing neurosequentially respectful interactions, especially whenever outward behaviors indicate a specific brain area's traumatic wounding has been activated.



NMT appears to have many potential benefits because it is so specific in terms of the neurobiology behind it and the respect for the need to address the most primitive brain issues first before sequentially moving up the brain to address each new area in need of repair.